

STATE OF MAINE
DOMESTIC CANNABIS ERADICATION/SUPPRESSION PROGRAM REPORT

ADMINISTRATIVE DATA

| | | |
|--|-----------------------|-------------------------|
| Reporting Agency: _____ | Case Number: _____ | Eradication Date: _____ |
| Reporting Officer: _____ | Contact Number: _____ | |
| <input type="checkbox"/> CIVIL AIR PATROL (CAP)? | CAP Sortie #: _____ | |

SITE DATA
(COMPLETE ALL FIELDS)

| | | |
|---|--------------------------------------|--|
| County: _____ | City/Town: _____ | 9-1-1 Street Address: _____ |
| If no 911 Street address: _____ | GPS Latitude: _____ (dd.mm.mmm) | Longitude: _____ (dd.mm.mmm) |
| If PUBLIC LAND, is it? <input type="checkbox"/> Forest Service (FS) | | |
| <input type="checkbox"/> PRIVATE LAND | <input type="checkbox"/> PUBLIC LAND | <input type="checkbox"/> Bureau of Land Management (BLM) <input type="checkbox"/> Bureau of Indian Affairs (BIA) |
| <input type="checkbox"/> Other (all other public land, including State) | | |
| Total # Outdoor Plots: _____ | | |
| Total Outdoor Cultivated Plants: _____ | | |
| Total Indoor Cultivated Plants: _____ | | |
| What Happened to Plants? <input type="checkbox"/> Burned <input type="checkbox"/> Buried <input type="checkbox"/> Held for Evidence <input type="checkbox"/> Other (Identify) _____ | | |
| <input type="checkbox"/> NIDA MJ Potency Project sample submitted?(Date) _____ to (Name) _____ | | |
| NIDA sample is a mandatory requirement if over 50 plants seized. | | |

ARREST & SEIZURE DATA

| | |
|--------------------------------------|--|
| Total Number of State Arrests: _____ | Total Number of Federal Arrests: _____ |
| Processed Marijuana? _____ (pounds) | Weapons Seized: # Firearms? _____ Value \$ _____ # Other? (Booby traps, etc.) _____ |

SEIZED PROPERTY FOR FORFEITURE DATA

| | |
|--|--|
| <input type="checkbox"/> Equipment? Value \$ _____ | <input type="checkbox"/> Vehicle(s)? Value \$ _____ |
| <input type="checkbox"/> Currency / Financial Instruments? Value \$ _____ | <input type="checkbox"/> Real Estate? Value \$ _____ |
| <input type="checkbox"/> Check if additional page(s) are attached to report additional seizures and for information regarding seizure of other drugs, injuries / violence or any other significant or unusual information. | |

Forward report:
Maine DCE/SP Analyst
FAX: (207) 434-2119
<mailto:eradication.MDEA@maine.gov>

DPS USE ONLY

| | |
|----------------------|---------------------|
| Date Received: _____ | DPS Report #: _____ |
|----------------------|---------------------|